Enterprise Elementary School District

2024-2025 Insurance Plans and Costs

Certificated Employees - MARRIED TO ANOTHER CVT MEMBER

All changes must be submitted via **https://mycvt.cvtrust.org/** by September 23, 2024, changes will be effective October 1st.
To see your health benefits plan cost, find the column that matches your employment status (Full time or part time FTE), then:
take plan cost + dental option cost to get total cost of coverage

Payroll deductions for the new premiums will begin with the October 31st pay date
Contact Raina in Human Resources with questions at rcable@eesd.net or (530) 224-4100 ext 8306

	Monthly Payroll Deduction (Plan + Dental Option)				
Plan	**Full Time**	**.8 FTE (Full Time Equivalant)**	**.6 FTE (Full Time Equivalant)**	**.5 FTE (Full Time Equivalant)**	**.4 FTE (Full Time Equivalant)**
3A	**$ 590.11**	**$ 826.48**	**$ 1,062.84**	**$ 1,181.02**	**$ 1,299.20**
6B	**$ 380.66**	**$ 617.02**	**$ 853.39**	**$ 971.57**	**$ 1,089.75**
9C	**$ 66.48**	**$ 302.84**	**$ 539.20**	**$ 657.39**	**$ 775.57**
10D	**$ -**	**$ 86.02**	**$ 322.39**	**$ 440.57**	**$ 558.75**
HDHP 2 (HSA Eligible)	**$ (222.34)**	**$ 14.02**	**$ 250.39**	**$ 368.57**	**$ 486.75**
HDHP 3 (HSA Eligible)	**$ (371.25)**	**$ (134.89)**	**$ 101.48**	**$ 219.66**	**$ 337.84**
Bronze	**$ -**	**$ -**	**$ 168.57**	**$ 286.75**	**$ 404.93**
Dental Option 1	**$ 113.41**	**$ 113.41**	**$ 113.41**	**$ 113.41**	**$ 113.41**
Dental Option 2	**$ 59.30**	**$ 59.30**	**$ 59.30**	**$ 59.30**	**$ 59.30**

*A new selection of Pre-Tax requires that you meet with American Fidelity
Please email payroll@eesd.net if you wish to make a change to your Pretax/After tax selection